COUNTY OF SAN DIEGO



APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Note the additional requirements listed at the bottom of the second page.	(For Official Use Only)
Please note that this application is a public record subject to disclosure. This apperiod of two years. After two years, it is necessary to file a new application for another	
Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1 San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov	600 Pacific Highway, Room 402,
Last Name First Name	
Name of Board, Committee, or Commission to Which You are Applying for Membership	Supervisorial District You Live In
County boards, commissions, and committees meet at times mutually satist Day meetings are more common than evening meetings. Will you be able to accordingly?	•
Please list any time restrictions	
What are your principal areas of interest in County Government?	
List all County Boards, Commissions or Committees of which you are a cu	rrent member.
Committee Name	Date Appointed
List past County appointments with dates served, and other past or present service appointments.	nt community or public
Committee/Organization Name	Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE Current Employer Job Title Length of Employment **Position Title Length of Employment Previous Employers** What experience or special knowledge can you bring to your area(s) of interest? Please list community organizations to which you belong: **NOTE**: Candidates for the Air Pollution Control District Hearing Board, Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information. Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant. By signing below, I declare that the information provided above is accurate and complete to the best of my

Page 2 of 3

 \overline{Date}

knowledge.

Applicant's Signature

CONTACT INFORMATION

Note: Personal information may be withheld from public view as allowed by law.

Last Name	First Name		
Name of Board, Committee, or Commission to Which Y	ou are Applying for Membership		pervisorial District u Live In
Home Street Address	City	State	Zip
Mailing Address (if different than home address)	City	State	Zip
Business Street Address	City	State	Zip
Home Phone #	Business Phone #		
Mobile Phone #			_